Honorable Judge: CLERK, U.S. DISTRICT COURT NORTH DISTRICT OF CALIFORNIA SAN JOSE OFFICE CASE# 24-CV-08409-SVK Court order First Amended

They Have Trouble providing me 1 Dental Adequate 2 EXTracl 3 lehachap R# AU-1762 5 7 8 10 11 12 13 Grounds 15 QQ 16 17 19 20 21 E The Dental Assistance Herz<u>oa</u> (22)Pelican Bay 23 Adequate Drovide 24 nuhich is whu 25 1983" for Failure 26 Carr Denta deauate 27 medical/ 28 failed to treat My Dental

1	care while Housed Here in Pelican
2	Bay state prison.
3	Due To I Howe A medical Allerqu
4	To Lido cane and a servious Medical
5	Need for Teeth to Be EXtracted
6	for the Decaying Teeth are causing
7	me Escrushiating Dental pains
3	Hunt V. Dental Dept.
9	865 F2d. 198, 200-01 (9th circ, 1989)
10	what would exact pound of
11	what would exast Remedy of
12	Cognizable Relief: For "CDCR" Pelican Bay failing
13 14	ro provide me Adequate Dental Care
15	And Violating My 8th Amend-The
16	Plaintiff Named As the defandents:
17	1) worden-S. Smith
18	2) CEO - K.Minor
19	3 CSE - J. DARK
20	4) Dentist - J. Her COG
21	and = Deguest The Harmondele
22	And I Request the Honorable
23	The united States District
25	Court of SAN Jose, CA
26	Appoint me Legal coursel,
27	on the matter at Hand
28	And Inwhich I seek from

1	Relief:	
2	I Need to Have My Teeth	l
3	Inwhich are Decayed and Roots	•
4	Exsposed cracked teeth inwhich	
5	are and Have Been cowsing	^ነ ላ
6	me Emotional and physical	J
7	Torment By failure to fix	
8	the Affected Dental Pains,	
9	J Seek Monetary Renet	
10	From COCR tailing to provide	
11	Horandte Dental Corre	
12	Thank sas:	
14	1	
15	Respectfully Submit	
16		
17	Joshua Jordyce TBM779	o O
18	-AkA-	
19	Brittainy torayee	
20	- PBSP	İ
21	THE Dietion's NAME:	
22	Brian:	
23	Tue Attached paper work	
24	Which Clearly shows that CDCR	
25	Knowingly Knew About My	
26 27	Tribury of the tribur	
28	Inititive to Provide "Extraction"	
· · · -	or teeth which causes me	
	pain and suffering so IM	
	pain and sollisting	

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1	Requesting Legal-Aide to
2	properly Represent Me per
2	mi civil Diahes were Violated
,	my civil Rights were Violated and these Prison Employee's
4	Lieux These trison civiques
5	Knew about my Inbry's which
6	Cause me Escrushiating Pains.
7	
8	DThe Reason why The put
9	The Name of the PBSP warden
10	S. Smith is Because He's in
	Charge of Ensuring Every ones
12	civil Rights are Not Violated
13	AS 1-le is The Head
	EN ENFORCER, OF the PBSP
15	Instution.
16	
17	Katy Minor
	-> Ove for the fact shes is
19	Examples of polican Ball who
20	Chipodee or benefit may be no
21	Employee's All Medical and
22	rental employees.
23	the clasic of command and
24	The Chair of Cil to oralide
25	stanial a conditions of
26	FORQUATE PONICITIONS OF
27	Lordinence or practice when
28	negligence or practice when
	I

1	Housed Here in Pelican BAY	
2	State Prison for over 6 Months	•
3	And reglecting to provide Me	
4	with Adequate Dental care	
5	TS Violation of My 8th	
6	Amendment of the constitution	1
7	Because - PBSP Neglects To	
8	Drovide Adequate Dental care	
9	To me when Im Allergic	
10	To the Numbing Medication	
11	Lido Cane	,
12	3 Dentist Joesph Herzog "PBSP"	
13	Has Neglected to work on	
14	my teeth which are causing	
15	me Escrushiating Bins when	
16	chewing up food and causing	
17	me Torment Escrushiating	
18	Pains Because They knew	
19	That The pain was Now-Stop	
20	Trobbing causing Me EMOthional	
21	Stress as well as physical	
22	Torment.	•
23	50,	
24	I Request A cognigrable	
25	Reliet,	
26	for PBSP, To Send Me. 10	
27	The Hospital To under go The	
28	oral surgery for my Teeth To be Extracted while under	•
	To Be Extracted	

A medically sedation "Sleep" while they Extract The Decaying
while they Extract the Decaying
nhysical Torture which Radiates
physical Torture which Radiates Pain Thru-out Mu Entike Mouth
violating" My Constitutional Rights"
I seek Relief from Immunity
violating" My Constitutional Rights" I Seek Relief from Immunity Monetary Relief-
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RIFE TO THE
Brillany fordyee TRANSGENDER
7RANSGEN &
Joshua fordyce BM77

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RC Initial Medical History and Physical

Activity as Tolerated Admit to Vital Signs Wired Jaw

1) Mandibular Fracture
Keep in CTC for special diet
Start wired jaw diet
Tylenol 650 mg TID prn pain

2) H/O Seizures

Inmate refused to take Keppra which he came with. Agreed to take Dilantin susp 125 mg TID Dilantin level 4/22/24. CBC, CMP 4/22/24. Reception labs

3) Mild intermittent Asthma, stable Resume Xopenex

Advance directive discussed with I/P who opted for full resuscitation.

FORDYCE, JOSHUA AARON - BM7760

Current Occasional, Methamphetamines, IV drug use: Yes. Drug use interferes with work/home: Yes. Ready to change: Yes.

Family History

Bipolar disorder: Mother. Criminality: Father.

Drug abuse: Mother and Father.

Psychosis: Father.

Suicidal behavior: Mother.

<u>Immunizations</u>

Event Name		Date/Time
hepatitis A adult vaccine	Result 0 unknown unit	01/18/02 04:00:00
measles/mumps/rubella virus vaccine	0 unknown unit	08/26/94 05:00:00
	0 unknown unit	03/13/90 04:00:00
varicella virus vaccine		06/29/99 05:00:00

Encounter Info: Patient Name: JOSHUA FORDYCE, DOB: 01/13/1989, CDCR: BM7760, FIN: 115646, Facility: WSP, Encounter Type: Inpatient Medical

Completed Action List:

- * Perform by Montegrande, Faye P&S on April 19, 2024 15:56 PDT
- * Sign by Montegrande, Faye P&S on April 19, 2024 15:56 PDT
- * VERIFY by Montegrande, Faye P&S on April 19, 2024 15:56 PDT

Result type:

RC Initial Medical History and Physical

Result date:

April 19, 2024 15:18 PDT

Result status: Result title: Auth (Verified)
Admission H & P

Performed by:

Montegrande, Faye P&S on April 19, 2024 15:56 PDT

Verified by:

Montegrande, Faye P&S on April 19, 2024 15:56 PDT

Printed by: Ramirez, Rene RN Printed on: 1/27/2025 14:44 PST RC Initial Medical History and Physical

FORDYCE, JOSHUA AARON - BM7760

History of Present Illness

35-year-old male inmate brought to CTC for wired jaw diet. He was involved in a fight while in County jail on 3/26/2024.

He just arrived in R&R today from County jail. He stated he was seen at Kern Medical Center shortly after the incident but no oral surgeon had seen him. He was seen today at the dental clinic and was found to have mandibular fracture. According to dentist, Dr. Moussa his mandible was fractured in 4-5 different areas.

He has history of seizures and he stated that his last seizure was about a month ago. He came in with Keppra 1000 mg twice a day prescribed to him at County Jail, but now he stated that he is refusing to take Keppra stating that he must take Keppra along with gabapentin for his seizures. Records show that he was on Dilantin up to 2016, ER 400 mg daily.

Inmate stated he had been refusing Keppra at County Jail. No record available from County jail at all to this effect.

History of hepatitis since 2016 C but never treated.

States he has asthma but cannot recall when his last attack was. C/O mild jaw pain. He had been eating regular food at County Jail.

Review of Systems

Constitutional: _no weight loss, no weakness, no malaise, no fever, no chills HEENT/Neck: _no visual or hearing symptoms, no nasal congestion, no throat pain

Respiratory: _no cough, no wheezing, no chest pain, no pleuritic pain Cardiovascular: _no chest pain, no shortness of breath, no palpitation Gastrointestinal: _no heartburn, no nausea, no vomiting, no diarrhea, no constipation

Genitourinary: _no urinary burning, no frequency, no hematuria

Musculoskeletal: _no weakness, no paralysis Neurological: _no weakness, no numbness

Physical Exam

Vitals & Measurements

T: 36.4 °C (Infrared) HR: 78 (Peripheral) RR: 18 BP: 132/91

WT: 72.1 kg WT: 72.1 kg (Dosing)

General: Well developed, Well nourished, Ambulatory with normal gait HEENT: No scleral icterus, normal oral mucosa, no noticeable facial swelling,

very minimal tenderness along Neck: no jugular venous distention

HEART: _Regular rhythm. no murmurs, no clicks, no gallops

LUNGS: _clear bilaterally, no wheezing

ABDOMEN: _no distention EXTREMITIES: _ no pedal edema

NEUROLOGICAL: _no motor or sensory deficit.

Assessment/Plan

Orders:

Result type: RC Initial Medical History and Physical

Result date: April 19, 2024 15:18 PDT

Result status: Auth (Verified)
Result title: Admission H & P

Performed by: Montegrande, Faye P&S on April 19, 2024 15:56 PDT Verified by: Montegrande, Faye P&S on April 19, 2024 15:56 PDT

Printed by: Ramirez, Rene RN Printed on: 1/27/2025 14:44 PST

Problem List/Past Medical History

Ongoing

Antisocial personality disorder

Asthma

Borderline personality disorder

Difficulty chewing

Generalized anxiety disorder

Hepatitis C

Unspecified opioid-related disorder Unspecified schizophrenia spectrum and

other psychotic disorder

Historical

No qualifying data

Medications

Inpatient

levETIRAcetam, 1000 mg= 1 tab, Oral, BIDAM+PM

levETIRAcetam, 1000 mg= 1 tab, O:al, BIDAM+PM

traMADol, 50 mg= 1 tab, Oral, BIDAM+PM, PRN

Tylenol, 650 mg= 2 tab, Oral, TID, PRN Home

No active home medications

Allergies

ARIPiprazole Lidocaine Viscous Wool (Rash) codeine lidocaine topical

Social History

<u>Alcohol</u>

Former, Beer, Liquor

Employment/School

Previous employment/school: Inconsistent Employment. Highest education level: High school. Behavioal Problems in School Yes. Special Education Classes Learning/Reading Disability, Dyslexia. Work History Rarely.

Sexual

History of sexual abuse: No. Orientation Bisexual.

Substance Abuse

ORDER SHEET

Order Entry D/T: 01/23/25 14:26 PST

Orders Entered By: Michael Yeh, Telemed P&S Ordering Dr: Michael Yeh, Telemed P&S

D Diet Inpatient/Outpatient Other Diet

11/01/24 19:22:00 PDT, Dinner, Soft and Bite Sized, vegetarian, Constant Indicator Order comments: per dental 10/18/24

Please issue a soft food diet order-with no expiration date- for pt. Fordyce.

Pt Fordyce has multiple severely decayed teeth and a hx of mandibular fracture.

He has a chief complaint of chewing difficulty. He will see the PBSP Oral Surgeon for ex tractions in approx 45 days.

Diet Inpatient/Outpatient Other Diet

01/23/25 14:25:00 PST, Dinner, Pureed, vegetarian, Constant Indicator Order comments: per dietician 1/23/25 start puree diet. "Resume regular texture CDCR standard diet s/p ora I surgery"

per dental 10/18/24

Please issue a soft food diet order-with no expiration date- for pt. Fordyce. Pt Fordyce has multiple severely decayed teeth and a hx of mandibular fracture. He has a chief complaint of chewing difficulty. He will see the PBSP Oral Surgeon for ex (see patient chart for more information)

Pt. Name: FORDYCE, JOSHUA AARON

D.O.B./Sex: 01/13/1989 M

Med Rec #: BM7760

Physician: Financial #: 10000003311639526BM7

Pt. Type: I Room/Bed: 115 /115001L Admit/Disch: 05/29/2024 PDT

- 00/00/00

Order Sheet

Print ID: Kubicek, Marian LVN Print Date/Time: 01/24/25 11:08 PST

Page 1 of 1

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ORDER SHEET

Orders Entered By: Michael Yeh, Telemed P&S Ordering Dr: Michael Yeh, Telemed P&S Order Entry D/T: 01/23/25 14:25 PST

O LNS

01/23/25 14:25:00 PST, 3, 60, day, 03/24/25 15:24:00 PDT, Constant Indicator Order comments: per dietician consult 1/23/25

Pt. Name: FORDYCE, JOSHUA AARON

D.O.B./Sex: 01/13/1989 M Med Rec #: BM7760

Physician: Financial #: 10000003311639526BM7

Financial #.
Pt. Type: I
Room/Bed: 115 /115001L
Admit/Disch: 05/29/2024 PDT
- 00/00/00

Order Sheet

Print ID: Kubicek, Marian LVN Print Date/Time: 01/24/25 11:07 PST

Page 1 of 1

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

DENTIST'S WRITTEN RESPONSE

NAME: (Last, First, MI)	CDC #:	HOUSING:	INSTITUTION ACRONYM:
FORDYCE, JOSHUA, A.	BM7760	PBSP-D 001 1-115001L	PBSP

The Dental Department received your 7362 for Dental Services.

Your request for a renewal of your LNS has been received. Your dental chart was reviewed. Per CDCR policy, your long-term nutritional needs are to be assessed by a Registered Dietician (RD). I will refer you for a consultation with the RD, who will determine if LNS or another type of modified texture diet will fulfill your dietary requirements.

Dr. Phang

Dentist's Name

DATE 1/7/2025

Distribution: Original - Inmate.

(FIRST NAME)

CDCR NUMBER

STATE OF CALIFORNIA

NAME (Print)

GRIEVANCE / REASONABLE ACCOMMODATION REQUEST

CDCR FORM 602-1 / 1824 (Rev. 08/2024)

(LAST NAME)

Page 1 of 2

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HOUSING AND BED NUMBER INSTITUTION OR PAROLE REGION YOU CAN NOW FILE A GRIEVANCE OR REQUEST A REASONABLE ACCOMMODATION BY COMPLETING THIS FORM If you are submitting a grievance, an allegation of staff misconduct, or an allegation of disability-based discrimination, please complete the section below and sign and date the form. **GRIEVANCE (CDCR FORM 602-1)** Please describe your complaint. Include the names of all those who were involved; any attempts to informally resolve the issue; and any related log numbers for documents in your central file. Time of Event, if known: Date of Event, if known: Location of Event, if known: 2025 on. Describe your complaint: If you need more space, continue on the back of this form If you are requesting assistance or an accommodation so you can access or participate in a program, service, or activity, or want to report the removal or denial of an accommodation due to disability-based discrimination, please complete the section below and sign and date the form. REASONABLE ACCOMMODATION REQUEST (CDCR FORM 1824) Please answer the following questions: 1. What can't you do / What is the problem? 2. Why can't you do it? What do you need? Re-155URC Be If you need more space, continue on the back of this form Date Signed: Your Signature: STAFF USE ONLY Log Number: / Date Received: GRIEVANCE OFFICE

STATE OF CALIFORNIA

GRIEVANCE / REASONABLE ACCOMMODATION REQUEST

CDCR FORM 602-1 / 1824 (Rev. 08/2024)

14

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

Use this side of the form as a continuation page for a grievance, a reasonable accommodation request, or both
RD" Register Discharge 110 Secretary
RD Register Dietion-MR. Brian, who knows
A Serrious Dental Tesus Don Bilding
THE WILL HOUSE
The Dealing With
The Dentist, please Refill" My LNS Diet
Thank You.
Jandyce Brillani
BM 7760
DI-115 - PBSD
The RD-MP BRIDE SIND
The RD-MR, BRIAN Said if Theyre
1 100 00 100
WAS AMY ISSUE TO confact Him
OR - MS. CEPART
GEP Hert

*Insert Addendum Here: